# A QUALITATIVE STUDY USING PHENOMENOLOGY:

# INVESTIGATION OF THE LIVED EXPERIENCE OF SECOND-DEGREE MASTER'S

# ENTRY NURSES AS THEY TRANSITION TO

# THEIR ADVANCED PRACTICE ROLE

A DISSERTATION SUBMITTED TO THE GRADUATE DIVISION OF THE UNIVERSITY OF HAWAI'I AT MĀNOA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

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## DEDICATION

I would like to dedicate this paper to my family. My three children, Drew, Amanda, and Rebekah: you have always been my inspiration and my true blessing in life. You continue to amaze me in all that you do. My additional children, Allison and Jeff, thank you for loving my children and being their perfect spouses. My beautiful grandchildren, Luke, Anna, and Hannah (and those yet to come), being able to see the world through your eyes has made me appreciate the important things in life. My parents, Beverley and Donald, thank you for always believing in me. My sister Barbara and brother Neil, and their families, thank you for realizing that as the "big sister" I am always right. To my extended family, thank you for keeping me sane all these years with laughter, love, good food, and friendship. Lastly, Dr. Vellore Muraligopal, my favorite Neonatologist, who inspired me to continue my education and who always reminded me that asking questions and increasing self-knowledge are never wasted.

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## ABSTRACT

**Significance**: Transition to advanced practice can be a challenge for students who are successful clinical bedside nurses. Second-career master's entry students experience several transitions within their nursing educational process. Investigating the process that they go through the first 2 years after completing their graduate education and becoming Advanced Practice Registered Nurses (APRNs) was valuable in understanding the consequences/outcomes of their transition as it relates to role performance, clinical competence/judgment, professional competence, and satisfaction. Transition occurs throughout the stages in life. Transition is as an evolving process related to multiple situations in life experiences.

**Purpose**: The purpose of this study was to investigate the lived experience of the second career masters' entry nurse as he or she transitions in the APRN role as a Nurse Practitioner (NP).

**Method**: The study design was qualitative, exploratory, and involved in-depth focus group interviews using a phenomenological method of inquiry. The sample was purposeful, with recruitment from Azusa Pacific University's second-career Entry-Level Master's program. The selected participants have graduated from their nursing program and have been working as NPs in an outpatient clinical setting from 1 to 24 months.

**Results**: Seven main themes emerged from the focus group discussions: feeling overwhelmed, gaining confidence, being humble, being a life-long learner/educator, weaving previous degree and life experience, recognizing gaps and challenges in APRN education, and practicing in a familiar environment to ease the transition.

**Conclusions and Implications**: Participants were able to transition to their NP role within the first 12 months. Implications for further research include the need to compare different entry-

level master's nursing programs that have an NP focus, examine traditional Master of Science NPs, and expand the timeframe to 3 to 5 years in practice.

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| | |
|---|---|
| AACN | American Association of Colleges of Nursing |
| AANP | American Association of Nurse Practitioners |
| ABSN | Accelerated Bachelor of Science in Nursing |
| ACA | Affordable Care Act |
| APN | Advanced Practice Nurse |
| APRN | Advanced Practice Registered Nurse |
| APU | Azusa Pacific University |
| BSN | Bachelor of Science in Nursing |
| CINAHL | Cumulative Index of Nursing and Allied Health Literature |
| CITI | Collaborative Institutional Training Initiative |
| CNL | Clinical Nurse Leader |
| CNM | Certified Nurse Midwife |
| CNS | Clinical Nurse Specialist |
| CRNA | Certified Registered Nurse Anesthetist |
| CT | Computed Tomography |
| DNP | Doctor of Nursing Practice |
| DOPP | Domains of Professional Practice |
| EBSCO | Elton B. Stephens Co. |
| ELM | Entry Level Masters |
| ICN | International Council of Nurses |
| IERC | Inland Empire Regional Center |

| | |
|---|---|
| IOM | Institute of Medicine |
| IPA | Interpretative Phenomenological Analysis |
| IRB | Institutional Review Board |
| MD | Doctor of Medicine |
| MEPN | Master's Entry Program in Nursing |
| MRI | Magnetic Resonance Imaging |
| MSN | Master of Science in Nursing |
| MS | Master of Science |
| NONPF | National Organization of Nurse Practitioner Faculty |
| NP | Nurse Practitioner |
| OVID | Publius Ovidius Naso |
| PMHNP | Psychiatric-Mental Health Nurse Practitioner |
| PPM | Professional Practice Model |
| RN | Registered Nurse |
| RN-NCLEX | Registered Nurse- National Council Licensing Exam |
| SD | Standard Deviation |
| SDRC | San Diego Regional Center |
| TPA | Tissue Plasminogen Activator |
| US | United States |

# CHAPTER 1. INTRODUCTION

The aim of this study was to investigate the lived experience of non-nurse entry-level master's graduates as they transition in their Advanced Practice Registered Nurse (APRN) role. This study is significant in discovering how the entry-level master's nurse practitioner transitions in practice. According to the American Association of Colleges of Nursing (AACN, 2014), there is a projected shortage of Registered Nurses (RNs) in the United States (US). This shortage of nurses stems from the increasing longevity of the general population. "Compounding the problem is the fact that nursing schools across the country are struggling to expand capacity to meet the rising demand for care given the national movement toward healthcare reform" (AACN, para. 1).

Likewise, there appears to be a shortage of master's and doctoral prepared nurses. Master's education prepares nurses for flexible leadership and critical action within complex, changing systems, including health, educational, and organizational systems. Master's education equips nurses with valuable knowledge and skills to lead change, promote health, and elevate care in various roles and settings. With the changes in the US healthcare system and the induction of the Affordable Care Act (ACA), there is an increased need for APRNs. The landmark study between the Robert Wood Johnson Foundation and the Institute of Medicine released in Fall 2010 (Institute of Medicine, 2010) prompted the need for change in nursing. The appointed committee generated a report that made recommendations to transform the nursing profession. Through its deliberations, the committee developed four key messages:

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.

3. Nurses should be full partners with physicians and other healthcare professionals in redesigning healthcare in the United States.
4. Effective workforce planning and policy making require better data collection and information infrastructure.

## Background

The first master's program for non-nurse college graduates began in1960 at the Graduate School of Nursing at New York Medical College under the direction of Dean Frances Reiter. The entry-level master's programs for non-nursing college graduates in the United States now total 69 according to AACN (2014), with seven more being established. The designations of the master's programs for non-nurse college graduates range from accelerated master's program for non-nurses to master's entry program in nursing (MEPN). These entry-level master's programs provide basic entry into nursing curricula, with the addition of graduate core courses and specialty-specific course work in the remainder of the program. The 2014 statistics located online from the AACN show that there were 6,219 students enrolled in second-degree master's nursing programs.

The Master of Science in Nursing (MSN) entry programs vary on master's preparation. Traditional preparation in the master's nursing program terminates in one of the four APRN roles: Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Certified Nurse Midwife (CNM), and Certified Registered Nurse Anesthetist (CRNA). An emerging program at the master's level is that of the Clinical Nurse Leader (CNL). The role of the CNL is that of an advanced clinician who brings clinical competence and knowledge and serves as a resource; however, the CNL is not prepared as an APRN. This study focused on the master's entry student with the APRN of a Nurse Practitioner.

## Statement of the Problem

Transition to the advanced practice role can be challenging for nurses. Transition can generate conflict, inconsistency in role development/role performance, and often confusion as a competent bedside nurse transitions into his or her APRN role. Numerous studies have examined the transition of the student to the nursing role for both traditional and second-career nurses. There are limited studies that explore the transition of the nurse to the APRN role with no studies that distinguish the second-career master's entry nurses. This study looked specifically at the second-career/second-degree master's entry nurses at Azusa Pacific University as they transitioned into their APRN roles as nurse practitioners.

## Significance of the Study

Investigating the manner in which second-career master's entry nurses transition during the first 24 months after completing their graduate education and becoming Advanced Practice Registered Nurses (APRNs) is valuable in understanding the consequences/outcomes of their transition as it pertains to role performance, clinical competence/judgment, professional competence, and satisfaction. The results of the study will serve as a foundational research for future studies concerned with the transition of second-career APRNs as they establish their identity in their NP roles. It is important to have a detailed understanding of these second-career students' lived experience in regard to their attitudes, challenges, and success stories as they enter the field of advanced practice as nurse practitioners.

## Purpose of the Study

The purpose of the study was to explore the lived experiences of second-career master's entry nurses during the first 2 years of their transition to APRN as NPs. For the purpose of this initial study, only students who have completed the Entry Level Master's program at Azusa

Pacific University's three campuses were selected to capture the transition of the second-career master's entry nurses in their NP roles.

## Definitions of Key Terminology

### Second-Career Nurse

The second-career nurse is an adult who has already completed a baccalaureate or graduate degree in a non-nursing discipline and who desires to become a registered nurse. The second-career nurse is considered a non-traditional student in nursing. Second-career nurses come from a variety of educational backgrounds and life and work experiences, and many have no previous healthcare experiences (Hammer & Bentley, 2007; Hegge & Hallman, 2008; Walker, Tilley, Lockwood, & Walker, 2008). The second-career nurse is often defined by his or her competitive and high academic expectations and achievements (AACN, 2014; Penprase & Kocara, 2009; Weaver-Moore, Kelly, Schmidt, Miller, & Reynolds, 2010).

### Master's Entry Program in Nursing

The Master's Entry Program in Nursing (MEPN) is intended for individuals with a baccalaureate degree or higher in another discipline. The program is designed for the person seeking a new career in nursing. The MEPN programs offer an opportunity for non-nursing students to further their education to a graduate level. These programs have multiple names at various institutions; they are Accelerated Entry-Level Master's Degree, Direct Entry into Master's in Nursing, Direct Entry as a Second Degree, Entry Level Masters (ELM), and MEPN.

### Advanced Practice Registered Nurse

Advanced practice registered nurses (APRNs) are registered nurses (RNs) with advanced levels of education, knowledge, skills, and scope of practice. There are four types of advanced practice nurses: nurse anesthetists, clinical nurse specialists, nurse practitioners, and nurse

midwives. Advanced practice registered nurses have dual legal liabilities. All APRNs must practice by their state board of registered nursing rules and regulations and also must practice by the rules and regulations of their advanced standing agency. Advanced practice nursing signifies an experienced, knowledgeable, and competent nurse who in practice will take responsibility to improve the well-being of individuals entrusted into their care. The nurse practitioner (NP) is a registered nurse who possesses additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary healthcare, who has been prepared in a program that conforms to board standards as specified in California (Code of Regulations, 1484 Standards of Education). Chrash, Mulich, and Patton (2011) wrote, “Advance practice nurses (APRNs) play a major role in U.S. healthcare delivery systems by providing a variety of patient care services to individuals across the lifespan” (p. 530).

An APRN has acquired advanced clinical knowledge and skills to prepare him/her to deliver safe, competent, high quality care to patients. APRNs are able to diagnose and treat health problems, prescribe medications, perform procedures, order and interpret laboratory tests, counsel patients about health promotion and prevention, coordinate care, refer patients to physicians and other healthcare providers, and advocate for patients in the complex healthcare environment.

**Nurse Practitioner**

All Nurse Practitioners (NPs) must complete a master's or doctoral degree program and have advanced clinical training beyond their initial professional registered nurse preparation. Didactic and clinical courses prepare nurses with specialized knowledge and clinical competency to practice in primary care, acute care, and long-term healthcare settings.

Nurse Practitioners (NPs) are one of the four specialties of the APRN. Nurse practitioners have extensive clinical experience with specialties across the lifespan from neonatal to gerontology. The International Council of Nurses Nurse Practitioner/Advanced Practice Nursing Network (2002) offered this definition of a nurse practitioner:

> A nurse practitioner/advanced practice nurse is a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for the expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A master's degree is recommended for entry level. (Definition section, para. 1).

# CHAPTER 2. REVIEW OF THE LITERATURE

The function of a traditional literature review is to provide an objective account on what has been written on the subject in question. The subject is investigating the lived experience of second-degree master's entry nurses as they transition in their advanced practice role.

This literature review was conducted in two sections. The first section looked at studies dealing with transitions of second-career nursing students, APRNs, NPs. The second section looked at Meleis' (1975) transition theory, including the types of transitions and the properties (attributes and antecedents) of and the considerations of healthy transitions**.**

## Introduction

In order to gain a full understanding of second-career nurses as they transition to their Advanced Practice Registered Nurse (APRN) role, a review of the related literature as stated above was conducted. An initial literature review was conducted for the period between the years of 2008-2016. The review was expanded from 1986-2016 to include relevant literature of the origins of Meleis' transition theory. Search terms included transition, second-career, second-degree, MEPN, entry-level master's, APRNs, and NPs. The electronic databases accessed to capture relevant literature were Ovid SP, Medline, CINAHL, Pub Med, and Eric-EBSCO Host. Reference materials, shelved books, and dissertations were also reviewed. A review of the research databases indicates that a gap exists in the literature encompassing the transition of APRNs into their practitioner roles. The gap will be discussed in this chapter. The literature review consisted of both quantitative and qualitative studies.

## Second-Career Nurse

Second-career nurses are adult students with previous undergraduate degrees. The initial programs developed were to help with the nursing shortage; it was also a way to attract students

to graduate study. The AACN (2014) reported the following statistics: “Accelerated nursing programs are available in 46 states plus the District of Columbia and Puerto Rico. In 2016, there were 272 accelerated baccalaureate programs and 69 accelerated master’s programs available at nursing schools nationwide. The second-career programs continue to expand. According to the AACN, 25 new accelerated baccalaureate programs are in the planning stages, and 7 new accelerated master’s programs are also taking shape” (Program Basics section, para. 3).

Most second-career programs have higher admission standards and different pre-requisites (Miller & Holm, 2011; Seldomridge & DiBartolo, 2005). Second-career nurses have been characterized as intelligent, inquisitive, aggressive, self-directed, highly motivated, able to draw from previous life experiences, having higher academic expectations, and performing at a higher academic level overall in didactic and clinical courses compared to traditional nursing students (Miller & Holm; Penprase & Koczara, 2009; Weaver-Moore et al., 2010; Ziehm, Cunningham-Uibel, Fontaine, & Scherzer, 2011). They have overall higher RN-NCLEX pass rates than traditional students, are typically older, and are ethnically and gender diverse. These characteristics do not describe all second-career students—just the overall population that enters nursing as a second career. Second-career nurses take initiative for their own learning; they don’t need a whole lot of direction, and when do need it, they ask (Ziehm et al.). They are strong patient advocates (Ziehm et al.).

Research conducted on the professional transition of student to nurse with a Bachelor of Science in Nursing (BSN) is numerous: Newton and Moore (2013); Penprase and Koczara, (2009); Raines and Sipes (2007); Seldomridge and DiBartolo (2005); Siler, Debasio, and Roberts (2008); and Utley-Smith, Phillips, and Turner (2007). Research comparing the accelerated BSN program to traditional BSN programs is also vast: Bentley, 2006; Brewer et al. (2009); Kearns,

Shoaf, and Summey (2004); and Roberts, Mason, and Wood (2001). The research that has been done on the accelerated BSN (ABSN) lists the different characteristics of the second-career student, the student profiles, the outcomes, and the successful completion of the program. These characteristics are also noted in Weaver-Moore et al. (2010) that, along with life experiences, motivation, confidence, maturity, strong clinical skills, and greater critical-thinking abilities, they are committed to the profession of nursing.

Students choose an accelerated program in order to receive nursing degrees and start working in a relatively short period (Penprase & Koczara, 2009). These students experience stress differently (Penprase & Koczara); they often have roles at home as a mother/father and husband/wife and sometimes continue working. Second-career students like to plan their clinical and classroom experiences around building confidence in their critical-thinking and nursing skills. Knowing the level of engagement in the second-career programs, these students need to be actively involved with clinical and classroom experiences (Vinal & Whitman, 1994). White, Wax, and Berrey (2000) revealed that a "common challenge the second-career students encounter in nurse practitioner employment is the resistance from nurses, nurse practitioners and traditional students for not having paid their dues" (as cited in Ziehm et al., 2011, p. 396).

In 2009, Raines reported on a program evaluation with a survey questionnaire at graduation and at 6 months post-graduation. She was looking at the perceived competence of the accelerated second-degree students at the end of their program of study and 6 months after completion of the program. Participants who responded to and completed both questionnaires totaled 58. The findings resulted in representing 88% of the programs graduates. At the second evaluation, all 58 participants had successfully passed the NCLEX-RN exam and were employed as RNs in acute care facilities.

Raines' (2009) comparison study utilized Benner's seven domains of nursing practice: (a) helping role of the nurse; (b) teaching-coaching role; (c) diagnostic and patient monitoring role; (d) effective management of rapidly changing situations; (e) administration and monitoring of therapeutic interventions and regimens; (f) monitoring and ensuring quality of healthcare practice; and (f) organizational and work roles of the nurse. The overall mean score looking at these seven domains at the time of graduation was 3.99 (SD 0.82) and showed an increase at 6 months following graduation with the overall mean score of 5.74 (SD 0.88). Participants were asked to identify one factor that contributed to influencing their developing competence as a nurse. The author reported that "the majority of responses were directly related to attributes of the immersion learning experience" (p. 9). Academic and clinical immersion are common in second-degree programs. Immersion learning links "like" concepts between theory courses to avoid repetitive content and blend the concepts from different viewpoints into clinical practice. Raines described the clinical immersion for the second-degree program at Florida Atlantic University as having the students remain at the same acute-care facility for their entire program. The participants' generalizations of role and skill competence increasing at the sixth month of data collection suggests that the participants transitioned into their new role as a competent and confident RN.

Weaver-Moore et al. (2010) studied the transition to practice of second-degree master's graduates. The study was qualitative in design, using interviews over a 10-month period. Each participant was interviewed three times during this 10-month period. Weaver-Moore et al. looked at the second-degree student attributes, noting that the second-degree students bring "a wealth of knowledge and experience to the profession" (p. 220). These students are committed to the profession of nursing and retain their positions in the nursing field. Semi-structured interviews

were held between the researcher and participant. The interview questions were developed by the researchers based on their literature review. The interviews were conducted from one cohort at one Midwestern school of nursing. The entire cohort of 14 participated in the first two interviews, and 12 continued with the third interview. The results did highlight the students' views regarding their transition to practice. Themes that emerged from this study were that the students felt that they had critical-thinking and problem-solving skills, they had a fear of making mistakes in nursing, and they valued residency or intern programs where they could "fine tune" their skills. They had some of the same insecurities as traditional nursing students in that they wanted mentoring, guidance, and encouragement to help them through the early stages of being a novice nurse.

Raines (2013) executed a retrospective study to explore post-graduate employment in the nursing workforce. This study was limited to the first two cohorts from one institution. The study was a descriptive, non-experimental survey to discover what the graduates were doing after becoming a nurse. The survey netted a participation rate of 54/60 (90%) of the students completing the survey. The findings provided included that graduates "were active in the nursing workforce and demonstrated a positive response pattern to their career change and transition" (p. 4). Raines found that theses nurses were well prepared, and, because of their previous skill set and life experience, it enhanced their ability to multitask and become a part of the unit workforce. Raines also found that some of these graduates often mastered their transition as a nurse and had moved into administration, leadership, or educational roles, as well as earning a master's degree in nursing. Raines concluded her study by noting that this particular group of graduates provided evidence that as "career changers," these graduates are active and "sustained contributors to the nursing workforce" (p. 5).

## Advanced Practice Registered Nurse

Elliot and Walden (2015) described the development of the professional practice model (PPM) for APRNs. The discussion of APRNs expectations of providing advanced nursing practice through direct patient care, continual research, education and leadership was highlighted in the article. From these expectations, Elliot and Walden concluded that, "in order for the APRN role to flourish, the domains of professional practice (DOPP) must be distinct, recognizable and describable" (p. 479).

Dowling, Beauchesne, Farrelly, and Murphy (2013) developed a concept analysis to examine the defining attributes of the Advanced Practice Nurse (APN). In the process of developing the paper, the authors discovered that there are a variety of terms used to describe advanced practice nursing roles internationally. The authors used Rodger's evolutionary method of concept analysis as the framework for this study. "Four attributes of the APN were identified in the analysis, that is, clinical expertise, leadership, autonomy and role development" (p. 132). The literature reviewed recognized that advanced practice is beyond basic education preparation in theory and clinical practice. Literature supported that leadership skills are essential in the APN and that autonomy is also a central attribute to advancing the role of the APN. Role development and expansion "evolves when additional skills and responsibilities are integrated into the specialist role in the context of the core elements of nursing practice" (p. 133).

In the discussion section, the authors noted that, of all the specialties in advanced practice, the CNS role is the most unclear. Several initiatives with the Canadian Nurses' Association, the Royal College of Nursing in the United Kingdom, and the Scottish government have issued guidance in governing the APN from frameworks for practice and educational preparation. With the clarification of the attributes of the APN in this concept analysis, the

authors agreed that a universal agreement is needed for progress as APNs are needed to promote safety and quality in practice worldwide. “Global advancement of nursing as a leading provider of safe, accessible, quality healthcare is dependent upon achieving success on these issues” (p. 137).

## Nurse Practitioners

Nurse practitioners are one of the four advanced practice roles in nursing. The entry-level requirement is currently that of a Master of Science in Nursing (MSN). Early in the 1960s, when academic NP programs emerged as a result of the primary healthcare shortage, the programs varied in length and were largely developed in the pediatric population, as pediatric NPs (Keeling, 2015). These initial NP programs did not stipulate the requirement of an MSN.

Current nurse practitioner standards of education have been generated through the National Organization of Nurse Practitioner Faculty (NONPF), the American Association of Colleges of Nursing (AACN), and the American Association of Nurse Practitioners (AANP). Currently, legislation restrictions, various state regulations, differing healthcare systems, and the medical profession hinder the advancement of creating standardized requirements across the states.

Alber et al. (2009) applied Benner’s model to look at role competence. The authors used a cross-sectional survey design to elicit information about self-perceptions of role competence. The study sample of practicing psychiatric mental health NPs (PMHNPs) and new graduates in Oregon and Washington state was acquired with the help of the state boards of nursing. The authors sent a three-part questionnaire to 307 licensed PMHNPs and 13 new graduates from the Oregon Health and Science University class. The first section of the questionnaire captured the demographic data of participants. The second section included a questionnaire that asked for

responses based on the stages of Benner's model. The third section asked the participants to "rate the importance of various activities to their achievement of role competence" (p. 129).

Demographic characteristics of the 130 respondents included that 33% had between 2-5 years of experience. The average years of prior nursing experience was 12 years prior to obtaining the PMHNP education. Sixty-five percent of the participants were employed as full-time PMHNPs since they had graduated (Alber et al., 2009).

Participant self-perceived competence rankings showed significant gains between 2-5 years of practice. The competence ranking for the role of therapist occurred later between 5-10 years of practice. Each year of practice showed significant gains in competence rankings. The results showed support for applying Benner's model to study role competence. The results were based on self-report and were not verified or confirmed by other measures (Alber et al., 2009).

Fleming and Carberry (2011) used Glaser and Strauss' grounded theory methodology to conduct interviews with 25 research participants in exploring the role transition from expert nurse to NP. The research was conducted in Glasgow, United Kingdom, and was driven by the need to respond to their changing demands for providing healthcare. "The participants were selected using a theoretical sampling, a deliberate process wherein the researcher's decision for sampling is entirely controlled by the emerging theory with the goal to ensure completeness of the analysis" (Fleming & Carberry, p. 68). The individual interviews focused on life situations and participants' experiences. Interviews were transcribed and analyzed; these transcripts also provide a guide for subsequent interviews. The data were collected from participants working in the district general hospitals located within one Scottish health board. The data that were generated from this study showed the processes associated with critical care nurses and how they found meaning in their transition to advanced practice NPs. Themes that emerged were role

uncertainty, coping, feeling supported, competency, and integrating previous expert nursing knowledge into new role.

Fleming and Carberry (2011) found value in that prior knowledge is relevant and applicable to the transition of an NP. The NPs found support in informal and formal support networks that helped facilitate the shift from RN to NP. They engaged in peer support and academic professional development as part of their networking support. “Transition to advanced nurse practitioner was captured as a process of internal and external resocialization” (Fleming & Carberry, p. 74). The authors found that a supportive, nurturing environment is essential for a smooth transition from RN to NP.

Mentoring new NPs into their roles to accelerate development was the focus of the literature review conducted by Harrington (2011). Mentoring has two functions—in a career or psychosocial. As Harrington discussed, career mentoring looks at growth within an organization, whereas psychosocial mentoring looks at personal and professional growth. These two mentoring functions are key to the development of the new NP. The NP needs to fit into the organization that promotes self-confidence, self-image, friendships, and role modeling. Harrington looked at the characteristics needed of the mentor, noting that they needed to be an “authority in the field and educator, a counselor, a sponsor, and having personal commitment” (p. 169). Self-refection by the new NP is encouraged as a way for the mentor to assess the new NP.

Harrington (2011) concluded that, as the population ages, NPs provide equal care to that of physicians for “health outcomes, patient satisfaction, and healthcare utilization” (p. 173). Harrington also noted that, without support, role clarification, and role transition, a novice NP can be overwhelmed. Mentoring helps to support this transition for the novice NP.

Nurse practitioner role transition was a topic for a concept analysis by Barnes (2014) in the United States and MacLellan, Levett-Jones, and Higgins (2015) in Australia. Both forums used Meleis' theory of transition in nursing. The key elements were that transition is a passage from one life phase or condition to another or a passage of time and adjustment of self to new and different roles, functions, relationships, and patterns of behavior and the redefining for sense of self in response to life events (Barnes; MacLellan et al.). Both articles utilized Walker and Avant's method of concept analysis to guide their papers.

MacLellan et al. (2015) and Barnes (2014) used model cases to support real-life examples in their concept analysis. Personal antecedents looked at graduate-level education, experience, disengagement of prior work role, engagement in the transition experience, desire for feedback, positive mentoring, peer support, and formal supportive professional orientation (Barnes; MacLellan et al.). The consequences of role transition are a successful role transition or an unsuccessful role transition.

## Conceptual Framework

The complementary nature of transitions is supporting people as they go through the transition process. Nursing supports the transitions of nurses as they go through the various educational and professional roles. The questions about the nature of transition and human transitions became a focus in the 1980s for Dr. Afaf Meleis. Dr. Norma Chick collaborated with Meleis in developing a concept of transition and published *Transitions: A Nursing Concern* in 1986. The transition framework was first described by Schumacher and Meleis in 1994 as a concept central to nursing. This framework was further developed and resulted in the transition theory by Meleis, Sawyer, Im, Hilfinger-Messias, and Schumacher in 2000. The theory of transition has resulted in the following assumptions: (a) transition occurs throughout the stages in

life, (b) transitions are related to change and development in the life processes of human beings (Chick & Meleis, 1986), (c) these perceptions and meanings of transition are influenced by and in turn influence the conditions under which a transition occurs (Meleis et al., 2000), (d) transition incorporates new roles and behaviors that require individuals to assimilate the new knowledge they have acquired to their present circumstance, (e) transition can occur without warning, or it can be deliberate, as in making a career change, (f) transition is a continual life process that "involves a movement or passage between two points" (Kralik, Visentin & vanLoon, 2006, p. 324), and (g) vulnerability is often related to the transition experience.

The conceptualization of transition in second-career nursing student/entry-level master's students can be complex. The concept of transition can be applied in different situations. "Situational transitions were concerned with various educational and professional roles, such as the transitions of graduated nurses" (Kralik et al., 2006, p. 321). "Transition occurs when a person's current reality is disrupted, causing forced or chosen change that results in the need to construct a new reality" (p. 323).

Schumacher and Meleis (1994) asserted that "transition is one of the concepts that is central to the discipline of nursing" (p. 119). There are four transitions that occur in nursing: developmental transitions, situational transitions, health-illness transitions, and organizational transitions (Schumacher & Meleis). Transition is a continual life process that "involves a movement or passage between two points" (Kralik et al., 2006, p. 324). Barnes (2014) noted that the transition of an experienced RN to the NP role is a change in role development and professional identity. The successful transition of RN to NP is important with the changes and advancements in healthcare in the United States. The concept of transition can be applied in different situations.

## Types of Transitions

There are four transitions that occur in nursing as described by Schumacher and Meleis (1994): (a) developmental transitions, (b) situational transitions, (c) health-illness transitions, and (d) organizational transitions. The concept of situational transitions is applicable to this study, as it examines the transition of second-career nurses into their APRN role (see Figure 1).

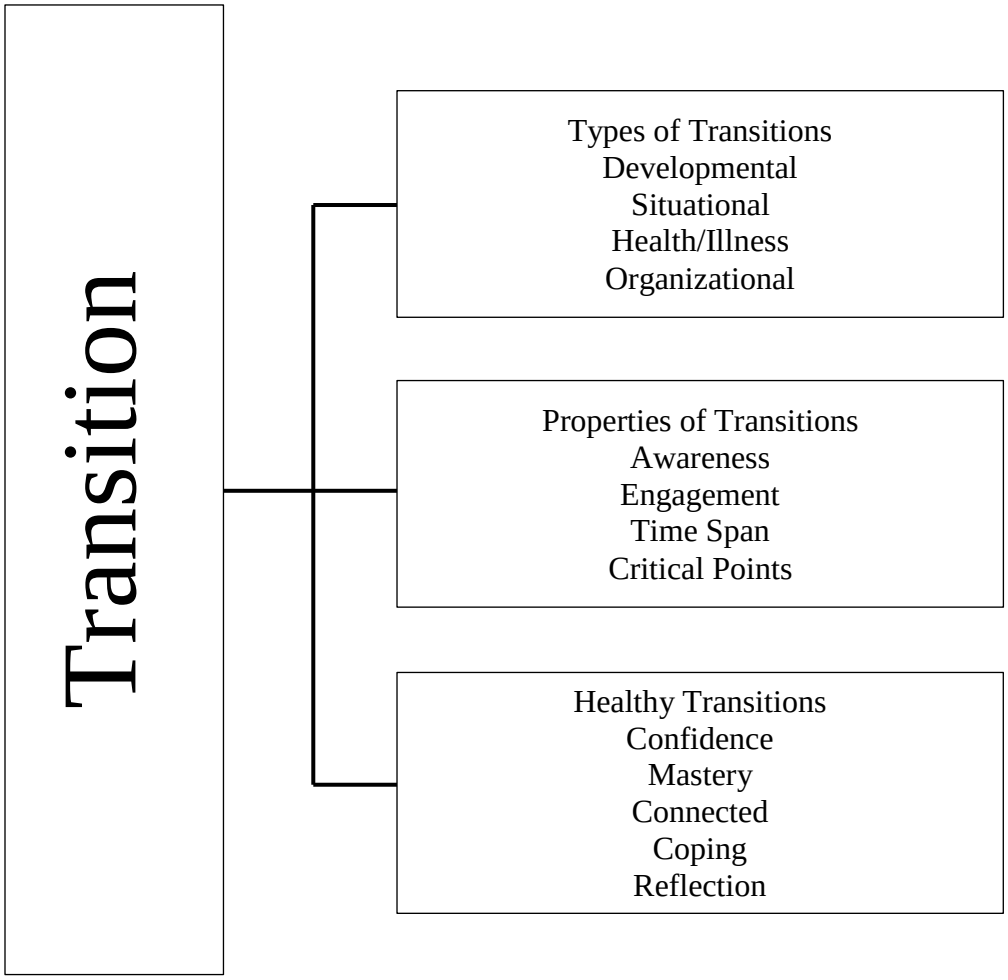


Figure 1. Theory of transition: Types, properties, and outcomes of healthy transitions. Adapted from Meleis, A., Sawyer, L., Im, E., Hilfinger-Messias, D., & Schumacher, K. (2000). Experiencing transitions: An emerging middle-range theory. *Advances in Nursing Science, 23*(1), 12-28.

### Developmental Transitions

Developmental transitions occur in and across the lifespan. These developmental transitions are pregnancy, childbirth, parenthood, adolescence, menopause, aging, and death. Developmental transitions come about as part of the maturation process. Developmental transitions "accommodate both the continuities and discontinuities in the life processes of human beings" (Chick & Meleis, 1986, p. 238).

### Situational Transitions

Role transition is a change in identity that occurs through the development of new knowledge and skills, as well as a change in behavior (Meleis, 1975). "Situational transitions [are] concerned with various educational and professional roles, such as the transitions of graduated nurses" (Kralik et al., 2006, p. 321). Situational transitions provide an awareness that knowledge and skills are conditions important in influencing transitions (Schumacher & Meleis, 1994). Role transition in the APRN is a specific situation that has practice implications if the NP does not assimilate knowledge and integrate experiences to allow for the transition to being an experienced and competent NP. Situational transition in nursing is generated when there is a change in expectations of incorporating new knowledge, such as when a nurse transitions into his or her advanced practice role. As second-career nurses transition into an NP role, they are bringing their life experiences and new knowledge that they have acquired from their MSN programs to their new NP practice.

### Health-Illness Transitions

Health-illness transitions occur when a diagnosis of an illness, surgery, or restorative and recovery process occurs. "Understanding the transition process from health to illness and the stages experienced with specific illnesses could facilitate the planning and implementation of

appropriate nursing interventions" (Shaul, 1997, p. 199). The health-illness transition can occur over time or can occur suddenly with an unforeseen illness. Health-illness transitions can be related to health behaviors that occur over time, transitioning from "one life phase, condition or status to another" (Chick & Meleis, 1986, p. 239).

### Organizational Transitions

Organizational transitions often affect lives of persons who work within an organization. An organizational transition represents transitions in a particular environment and is precipitated by changes in society, whether political, economic, or environmental (Schumacher & Meleis, 1994). Organizational transitions in nursing can include the development and implementation of new policies and procedures, new technology, and changes in leadership and leadership practices. Any reorganization within the confines of the organization can be considered an organizational transition. These organizational transitions can occur in the academic institution as well as healthcare facilities.

## Properties of Transitions

All transitions have these universal properties or commonalities, according to Schumacher and Meleis (1994): (a) they occur over time, (b) they are in constant movement from one state to another, and (c) change occurs with the transition.

Essential properties are specific characteristics that help to describe the aspects of the concept. These are characteristics that provide a distinguishable description of the concept (Rodgers & Knafl, 2000). The properties of transition identified in the literature that will facilitate the APRN through transition are awareness, engagement, time span, and critical points (Marineau, 2005; Meleis et al., 2000). These properties often merge with one another. The

duration of each attribute can differ in length for each person going through transition. Placed in an identical situation, each person experiences the situation or circumstance differently.

**Awareness**

Chick and Meleis (1986) stated that, in order for an individual to enter transition, he or she must first be aware of the transitional event. Awareness is the activation of the transition process. Being aware of the personal reactions and the interactions that occur within the environment will help to unlock the key to their transformation in practice. Meleis et al. (2000) suggested that the "level of awareness is often reflected in the degree of congruency between what is known about processes and responses and what constitutes an expected set of responses and perceptions of individuals undergoing similar transitions" (p. 19). Through awareness and reflection of past experiences, the knowledge should transfer to new experiences that will be interwoven in the APRN practice.

**Engagement**

The ability to engage is dependent on the awareness of the transitional event (Meleis et al., 2000). Marineau (2005) wrote, "Engagement is the degree to which the person is involved in the transition process" (p. 99). Findings from Penprase and Koczara (2009) highlighted that "these accelerated second-degree nursing students were self-directed and motivated learners with higher academic expectations than traditional nursing students" (p. 75). Meleis et al. (2000) noted, "The level of engagement of a person who is aware of physical, emotional, social, or environmental changes will differ from that of a person unaware of such changes" (p. 19). Exploring the above levels of engagement would help to understand the transition processes that occur for the second-degree APRN.

### Time Span

Marineau (2005) defined time span as "the flow and movement over time that results in transition" (p. 99). Meleis et al. (2000) stated that the characteristics of transition in the time span include "an identifiable end point, extending from the first signs of anticipation, perception, or demonstration of change; through a period of instability, confusion and distress; to an eventual 'ending' with a new beginning or period of stability" (p. 20). During this time frame of the transition process, the APRN can experience successes and disappointments in his or her practice. Weaver-Moore et al. (2010) observed, "Perhaps, one of the most interesting findings was that despite their advanced level of education, their maturity, and their past work experiences, these graduates had many of the same concerns that traditional graduates experience while transitioning" (p. 223).

### Critical Points

Meleis et al. (2000) wrote, "Critical points were often associated with increasing awareness of change or difference or more active engagement in dealing with the transition experience" (p. 21). Critical points during the transition process can include periods of uncertainty to stabilization. Transition shock is the "most immediate, acute and dramatic stage in the process of professional role adaptation for the new grad" (Boychuck-Duchscher, 2009, p. 1104). It "represents the initial reaction by the new nurse to the experience of moving from the protected environment of academia to the unfamiliar and expectant context of professional practice" (Boychuck-Duchscher, p. 1111).

## Healthy Transitions

Identifying healthy outcome indicators for the transition of second-degree APRNs to their NP roles will help the researcher evaluate how they managed the transition process. The manner

in which a person embraces the transition can facilitate or hinder a healthy transition outcome (Meleis, 2010; Meleis et al., 2000; Schumacher & Meleis, 1994). A healthy transition is thought of as "the extent to which individuals demonstrate mastery of the skills and behaviors needed to manage their new situations" (Meleis et al., p. 25). It is imperative to discuss the influence of educational preparation, orientation, mentoring, and personal reflection as part of the healthy transition for second-degree APRNs to their NP practices. The indicators of healthy transitions are confidence, mastery, connected, coping, reflection, and application.

**Confidence**

Increased confidence of the new NP in his or her role is one of the healthy transitions. Confidence comes when the distress of the new role gives way to a sense of self-reliance (Schumacher & Meleis, 1994). "The dimensions of developing and manifesting confidence are progressive from one point to the next in the transition trajectory" (Meleis, 2010, p. 62). Yeager (2010) indicated that new NPs need to negotiate an orientation prior to starting the new NP position in order to build up confidence and have a successful transition to practice.

**Mastery**

Role and skill mastery is the second indicator of a healthy transition. This mastery "denotes achievement of skilled role performance and comfort with the behavior required in a new situation" (Schumacher & Meleis, 1994, p. 124). The demonstration of mastering the new skills and assimilating to their new role will determine whether or not a healthy transition is achieved (Meleis, 2010; Meleis et al., 2000).

**Connected**

Mentoring new NPs into practice and welcoming them within the NP community helps transition NPs into their new roles and scope of practice. Along with mentoring, being able to

find opportunities to develop relationships with the entire team, such as scheduling multidisciplinary shadowing, provides informal education and connectedness as part of the healthcare team.

**Coping**

Sharrock, Javen, and McDonald (2013) described "feelings of loss, insecurity, ambivalence, isolation, confusion and doubt in the early stages of transition" (p. 123). Being able to develop resources and strategies to help get beyond the feeling of being a novice in the new NP role is essential in transition. The significance of having experts support and nurture the new NP into becoming a confident practitioner through the transition process is supported by several researchers: Fleming and Carberry, 2011; Gardner, Hase, Gardner, Dunn, and Carryer, 2007; Spoelstra and Robbins, 2010.

**Reflection**

Faulk, Parker, and Morris (2010) noted that reflective practice was part of the "changes in commitment to a holistic approach, cultural awareness, advocacy for quality patient care, increased use of technology and linking organizational policies to practice parameters" (p. 7). Turley (2009) defined reflective practice as "purposefully thinking about an experience with the goal of gaining new insights, ideas and understanding" (p. 66).

**Application**

The theory of transition is applicable to study the second-career nurse in the new APRN role. Transition is commonly used in explaining how a person transitions into a new role. Transitions are not experienced the same in every person, thus the transition of second-career APRNs as NPs will help bring awareness and understanding of their direct experiences in their new role.

## Summary

The literature review explored second-career nursing students, nurse practitioners, advanced practice registered nurses, and the concept of transition. Transition is a topic that is well suited to be studied in nursing. Literature supports the transition process of student nurse to a graduate registered nurse. Increasing studies are exploring the transition process of RN to the NP role. However, there is a limited number of studies investigating the transition of the second-career master's entry nurse into the advanced practice role as Nurse Practitioner. This gap led to potential areas for further research and knowledge development. This literature review laid the foundation for conducting this study of phenomenology in exploring the transition of the lived experience of second-degree nurse practitioners during their first year of practice.

# CHAPTER 3. METHODOLOGY

## Introduction

There are several philosophical methodologies to approach research in qualitative study (i.e., narrative research, phenomenology, grounded theory, ethnography, and case studies). In studying qualitative research, the selected theory needs to be supported by methodology.

The phenomenon of interest was to explore the lived experience of the second-career master's entry nurse during the first year of transition to the APRN role as an NP. Thus, this study used the qualitative approach of phenomenology. Sadala and Adorno (2002) suggested that, "When investigating a phenomenon, starting from the experiences lived by the research participants obtains their descriptions of the experience and then has significant discourses that are able to be understood and to have their essence unveiled" (pp. 284-285), this phenomenology is a relevant methodology.

The value of using a qualitative approach to study this population is the benefit of storytelling. Storytelling has been an approach of handing down history; it is well documented that, before the written word, there was the spoken word, when people told the stories that were handed down from generation to generation. Storytelling allows storytellers to reveal elements that are unique to their situation. Phenomenology is the research of the spoken word.

Qualitative research using the interpretative phenomenological analysis method places emphasis on listening to a personal lived experience. It allows the researcher to understand the experience of those who are immersed in the experience. Phenomenological research allows the researcher to view each participant as unique with distinctive life experiences and perspectives. Qualitative, focus group interviews will allow conversations with purpose that stimulate

discussion and debate while permitting the participants to tell their own stories within their first year as NPs. Phillips, Montague, and Archer (2016) accepted that,

> considering the impact, themes, and interactions inherent within the group setting adds complexity to the analytic process, we argue that it also adds to our understanding of experiences; therefore, we suggest that attending to these elements of focus group data can enhance an interpretative phenomenological analysis (IPA) of participants' accounts. (p. 291)

This approach is the belief that truth can be found in the lived experience of the transition of the second-career, master's entry nurse becoming an NP. Qualitative researchers commit to exploring, describing, and interpreting the data provided within the dialogue of the participants. Qualitative research requires determination, persistence, empathy, willingness to enter into the participant's world with curiosity, and a degree of understanding of the transition of the nurse to APRN.

## Research Design

The qualitative study combines interpretative (hermeneutics) phenomenology and focus group interviews. Focus groups explore the essential truths about reality grounded in the lived experience, building up the knowledge of the phenomenon in question. Phenomenology tells the stories that "share a particular interest in thinking about what the experience of being human is *like*, in all of its various aspects, but especially in terms of the things which matter to us, and which constitute our lived world" (Smith, Flowers, & Larkin, 2009, p. 11). The researcher enters the participants' world by having the participants in the focus group describe multiple perspectives to create the possibility of new discovery through the group interaction. This gives the researcher an inside perspective to the second-career NPs' practice world. Phenomenology

helps to build up knowledge in nursing experience by adding new perspectives to the lived experience.

## Phenomenology

Phenomenology is considered both a philosophy and a method that examines the human "lived" experience that phenomena present in these experiences (Munhall, 2012; Sokolowski, 2008b). Phenomenology is described as the "study of consciousness and its objects (phenomena) a way of knowing which employs enriched and embodied awareness" (Bentz & Rehorick, 2008, p. 3). Phenomenology helps to bring awareness and understanding of the lived experience.

The phenomenology movement had its roots in three phases: (a) preparatory, (b) German, and (c) French. The focus of this study will be rooted in the German phase of Heidegger.

Husserl (1857-1938) and Heidegger (1889-1976) believed in rigorous science that would restore contact with deeper human concerns and that this foundation should become the foundation for all philosophy and science (Sokolowski, 2008a). Concepts of *essences*, *intuiting*, and *phenomenological reduction* were developed during this phase. *Essence* is described as basic units of common understanding of any phenomenon. *Intuiting* is an accurate interpretation of what is meant in the description of the phenomenon. *Phenomenological reduction* described during this phase is the original awareness regarding the phenomenon under investigation. The researcher needs to suspend beliefs, assumptions, and biases about phenomena.

Heidegger's phenomenology believes that, as we are all already engaged in our world, the way we interpret, cope, and care about that world matters (Wilson, 2014). Interpretive phenomenology that is based on Heidegger's philosophy is connected with what humans experience. Heidegger regarded phenomenological description as interpretation (Munhall, 2012). Smith et al. (2009) developed an Interpretive Phenomenological Analysis (IPA) that was useful

in analyzing the transition of the second-degree nurse to their APRN role. “IPA is concerned with the human lived experience and posits that experience can be understood via an examination of the meanings which people impress upon it” (Smith et al., p. 34). The approach of IPA and its groundwork in phenomenology, hermeneutics, and ideography was utilized to examine how second-career APRNs describe their experiences in this life transition. This perspective of Heidegger’s phenomenology was developed and integrated in this research study.

## Sample

This interpretive phenomenological study used a purposeful sample: “this means that the inquirer selects individuals and sites for study because they can purposefully inform the understanding of the research problem and central phenomenon in the study” (Creswell, 2013, p. 156). Participants were recruited from three campuses of the Entry-Level Master’s (ELM) program at Azusa Pacific University. The three campuses are located in Azusa, San Diego, and San Bernardino, California. The three campuses include the same program of study, which includes curriculum, program, and student learning outcomes. The differences between the sites are availability of acute and non-acute experiences for the students. Differences also include the methodology in which faculty teach the courses: traditional lecture, innovative use of media and social media, group work, testing format (online or group testing), case studies, group discussions, and art (diagramming diseases and conditions with drawing). The selected participants have graduated from the ELM program and have been working as Nurse Practitioners in an outpatient or inpatient clinical setting.

The selection of the voluntary participants included second-career master’s entry nurses who have been working as NPs from 1 to 24 months. The recruitment included NPs from the three campuses: San Diego Regional Center (SDRC), Inland Empire Regional Center (IERC),

and the Azusa/Monrovia campus. The researcher verified that the focus group moderator conducted at least two focus groups with three to six participants in each group. The researcher greeted the participants prior to each focus group. Phillips et al. (2016) suggested that smaller group sizes give the focus group participants time to discuss their own experiences in detail while supporting them to create group perspectives. Transcripts were reviewed for redundancy of themes to yield saturation.

Participants took an active role by participating in the research process. Streubert-Speziale & Rinaldi-Carpenter (2003) noted, “The participants’ active involvement in the inquiry helps those who are interested in their experiences or culture to better understand their lives and social interactions” (p. 24). Participants were able to review their transcribed “verbatim” transcripts. Participants returned their verbatim transcripts via email with an approval of the transcript or with written additional comments. Participants were able to discuss and make additions to the original transcript for clarification purposes. Changes in the original transcript were highlighted in a red font color by the participant.

## Research Questions

A field test was conducted in fall of 2010 using initial queries to determine the usefulness of the interview questions. The aim of the initial interviews was to facilitate an interaction in which participants tell their stories and experiences in their own words. Adjustments of interview questions were made based on participant feedback during and after the initial interviews.

Specific aim 1: Discovery of the transition process of specific APRNs.

Research question #1: What are the life experiences facilitating the transition of the second-career APRN during the first 24 months of practice?

Specific aim 2: Discovery of previous life experiences in the transition to APRN.

Research question #2: Did life experiences and the previous degree factor into the transition to practice as an NP?

## Question Development

Instrument development began with an ethnography study in 2010 and an individual interview with two students who had completed the second-career master's entry program at Azusa Pacific University and were practicing as NPs was conducted. The 22 initial questions were narrowed down to six questions; these questions were evaluated for validity and reliability by five practicing NPs.

1. What are the factors facilitating your transition during your first year of practice?
    a. Tell me about the orientation and mentoring you received when you started your NP practice.
2. Thinking back to when you first started practicing as an NP to what you are like today, how did you grow? How did you change?
3. Tell me about the people who helped you get the "lay of the land" in your NP practice.
4. Can you describe your typical day in practice?
    a. How has your role as an NP changed?
    b. How have you changed?
5. How have your life experiences and first degree been integrated into your transition to the NP role?
6. If there is one thing you could say/let new NPs or faculty know about transition to practice, what would it be?

The interview guide is also included as Appendix A.

A matrix was constructed using the research questions on a horizontal access and interview questions in a vertical access. A template for the research aims and interview questions is located in Appendix B.

## Protection of Human Subjects

Ethics and rigor in qualitative research must at all times maintain the professional and the ethical principles protecting human rights. Researchers are morally bound to conduct research that minimizes harm to the participants in the study. All potential participants were contacted via email communication (Appendix C). All participants were informed of the purpose of the study, what information was being sought, and how the information would be used, both verbally and in writing. All participants signed a written, Institutional Review Board (IRB) approved consent (Appendix D). Participants were informed that they can ask to be removed from the study at any time.

## Data Collection

With the approval of the University of Hawai`i at Mānoa's institutional board review, the researcher studied the experiences of second-career, advanced practice Nurse Practitioners (NPs) during their first 24 months of their NP practice.

### Conduct of Focus Groups

Careful planning for focus group sessions is essential in order to think through the topics and the specific details of the focus group sessions. Due to potential bias and conflict of interest of the researcher and careful consideration from the dissertation committee, an outside moderator was sought to conduct the focus groups. The potential bias and conflict of interest was questioned as the researcher might have taught some of the participants and is the director of the ELM program at the Azusa/Monrovia site. The researcher elicited referrals of focus group

moderators from doctoral faculty at APU that had used focus groups in previous research. The moderator chosen had experience with conducting focus group discussions and had a schedule that enabled him to work around the focus group dates. The moderator had over 20 years of experience and has conducted focus groups and individual interviews with doctors and nurses. The moderator is currently serving as the president (2017-18) of the Qualitative Research Association (QRCA). The moderator was able to take the CITI requirements through the University of Hawai'i at Mānoa for approval of the IRB.

The researcher met with the moderator before the focus group meetings were set to convene; these meetings with the moderator addressed the discussion topics to be covered, the meeting place, time, and specifics in regard to food and drink. The structured conversations with the participants were conducted via multiple face-to-face focus groups. The final topic questions, room, equipment, and food offering were communicated via email to the moderator and the participants. Both focus groups were asked the same questions in order to achieve saturation. The duration of each focus group was 1.5 hours.

The moderator introduced himself and the purpose of the focus group. The moderator explained the research aims of the focus group. Further explanation of the logistics of the discussion, including the timeframe for the focus group, refreshments, and leaving the room, were also provided. The moderator informed the participants that they were free to speak candidly. The moderator reminded the participants that the final transcribed documents would not include any identifying indicators. The moderator also took the role of the observer during the focus group interviews, providing additional feedback to the researcher with his notes. Observation can be used to facilitate and develop positive relationships with the focus group participants. The researcher distributed and collected the signed consents and demographic data

and coordinated the rooms and food. All notes have remained in possession of the researcher in a locked file cabinet.

Guidelines for discussion included (a) turn cell phones off, (b) speak one at a time, (c) avoid side conversations, (d) allow for different points of view, (e) say what you believe, (f) all participants need to share equally, and (g) the moderator may interrupt to keep the focus group on schedule.

After the moderator introduced the purpose of the focus group, the logistics, and guidelines, the participants introduced themselves, including their current NP practice. Each interviewee was identified by a pseudonym; a letter and number were assigned to each participant.

All focus group interviews were audio recorded, and the recordings were transcribed verbatim by a reliable independent consultant, referred by a doctoral faculty member at APU. The consulting firm was HIPAA compliant with a fast turnaround. The independent consulting firm was consulted to transcribe the audio recordings. The researcher compared the audio recordings to the transcribed documents for accuracy. To support the findings, written transcripts were returned to each participant so that they could review the transcribed transcripts for authenticity, clarification, and approval. The individual transcripts were returned to the participants via email, and they were encouraged to use track changes (in red) on the original document for any clarification or changes they wanted made in the transcript. Participants were advised of the process of using track changes during the focus group interviews. The participants were asked to be available for a third interview and clarification, as needed, using email, Skype, or GoToMeeting web conferencing software.

## Data Protection

All recordings were deleted following confirmation of approval of the transcripts from the participants. All printed transcriptions from the focus groups, researcher journal notes, and moderator notes have remained in a locked file cabinet at the researcher's office.

## Demographic Information

Demographic information was collected on all participants. The name of each participant is known only to the investigator. Confidentiality of each participant was maintained by having a number and letter assigned to the data collected in order of the interview. Demographic information was reported with all participant information generated, not individually. Demographic information gathered from participants is located in Appendix E.

## Validity

Validity looks at how accurately the study represents the phenomena of the research and how well it can be replicated. The interview questions that have been developed looked at the past experience of the second-career nurse and current experience as an APRN. The initial questions were developed after a review of the literature and after conducting field study interviews in fall of 2010 as part of the course work for the qualitative research course at the University of Hawai'i at Mānoa. The final six questions were validated and deemed reliable for content validity by five practicing NPs. Theoretical validity using situational transitions in nursing education and transition to professional roles has been well documented in the literature.

## Trustworthiness in Qualitative Research

The qualitative research data collection method is the practice of semi-structured focus group interviews. It is imperative that the researcher assures each participant that his or her identity will not be revealed in any aspect of the research. Length of time of each focus group

was 1½ to 2 hours. The location of the interviews was determined based on geographical location of the students. The interviews were transcribed verbatim and returned to the participant for comments. Comments were done as track changes. If further clarification was needed, participants and the researcher utilized a video conference via Skype or GoToMeeting as the format.

**Credibility**

Credibility for trustworthiness is "established using the procedure of member checking, whereby tentative results are shown by researchers to their research participants to assess the degree of correspondence and to incorporate members' perspectives into the study's findings" (Porter, 2007, p. 84). Trustworthiness in qualitative research reflects the world that has been described by the participants. Participants in each focus group were interviewed by an outside facilitator. The researcher listened to the audiotaped recordings while reading each focus group transcript for reliability. The transcripts were separated individually and sent via email to each participant identified by their code. The verbatim transcripts from each focus group were analyzed after the participant reviews and comments on the transcript. The data triangulation was cross verified by analyzing (a) each individual focus group participant comments, (b) combined individual participant comments for both focus groups, (c) individual focus group comments, and (d) combined focus group comments. The author read and re-read each individual transcript, each individual focus group, and then combined focus groups while making initial exploratory comments in the margins. The exploratory comments look at the context of the participants' lived world with the author noting similarities and differences. A table of the complete transcripts was assembled with the exploratory comments included. The emergent themes were

constructed from the various author comments throughout the transcript. These emergent themes captured the transition of the second-career nurse to NP practice.

**Transferability**

All experiences potentially contribute to the understanding of how the master's entry APRN transitions to the NP role. The trustworthiness of transferability will be revealed in the narrative descriptions of the focus groups and researcher/observer notes. Transferability will allow the findings of this research study to be applicable to other contexts.

**Dependability**

An audit trail was kept to help give a transparent description of the research path showing how the data were collected. Note taking before, during, and after the interviews was a function of the audit trail. Note taking during the interviews was conducted by the moderator. The aim of the study will show that the findings are consistent and can be replicated.

**Confirmability**

The documents included the raw data of the transcription of the interviews, the field notes, reduction and consolidation of the interviews, and then a reconstruction of the themes that emerged from the interviews. All field notes and process notes are available, including how the analysis was done. Data collected and analyzed will provide criteria for researchers to duplicate the study. The audio transcription of the focus groups was done by an independent consultant verbatim and given to the researcher for analysis. The triangulation of the transcripts, notes, and themes will demonstrate that the study is shaped by the participants of the focus groups and not researcher bias.

## Limitations

Limitations of this study included limited sample size, a purposeful sample, and focus group interviews. The scope of the study is narrowed based on the criteria of inclusion, related to program of study, and current experience as an NP. The participants are limited to students who attended Azusa Pacific University's Entry-Level Master's program. Generalizing the information obtained to the general population of nurses transitioning into their APRN role is not the intention of this initial study. The personal bias and potential conflict of interest of the researcher as faculty and director of the ELM program at the Azusa/Monrovia site could be a bias in sampling.

## Application

The application to practice will be to understand the transition of the second-career APRN from registered nurse to NP. The application to other situations similar to this study provides relevance in a broader context. The potential of replicating this study to other master's entry programs would be a viable option for comparison between the institutions of higher learning. The potential of replicating this study to all new Advanced Practice Nurse Practitioners would also be a viable option and will contribute to the assessment of transition.

A phenomenological approach was used to guide the focus group interviews of the APRNs who have transitioned from the professional nurse role to the NP role during the first year of practice. For the purpose of this study, the timeframe of working in the APRN role was 2 to 24 months.

An Interpretive Phenomenological Analysis (IPA) examined the relationships and meanings of the knowledge, context, relevance, and significance in understanding the human experience. Interpretive phenomenology offered a deeper understanding of the human existence

of the second-career APRN. Interpretative phenomenology enlightened the holistic perspective of the lived experience and truths about the reality of the second-career NP transitioning in practice.

## Summary

Examining the lived experience of second-career APRNs as they transition into their role as NPs using Heidegger's interpretation of phenomenology will improve the understanding and implications of second-career APRNs transitioning into their NP roles. Using IPA as the method that draws on phenomenology will enable the researcher to look at multiple perspectives of the NPs' experiences and create themes from the individual NP perspective and group perspectives. Positive outcomes from the focus groups could lead to comparisons in different groups.

# CHAPTER 4. RESEARCH FINDINGS

This chapter presents the socio-demographic characteristics of the study participants and the analysis of the focus group interviews. The analysis represents the themes and super-ordinate themes that emerged, illustrating how the study participants transitioned to their roles as NPs. Super-ordinate themes are described as a "construct which usually applies to each participant within a corpus but can manifest in different ways within the cases" (Smith et al., 2009, p. 166).

Transition theory (Meleis et al., 2000; Meleis, 2010) and IPA (Smith et al., 2009) provided an analysis of the two focus groups conducted with six second-career NPs. Each focus group participant was assigned a letter and number in order to offer anonymity. The focus group interviews were analyzed using the procedures described in Chapter 3. The verbatim transcribed interviews were the main source of data collection. Findings were constructed based on emergent themes discovered: first with individual transcription, then with each focus group transcription, and finally with the total group transcription. The final step of this analysis was the relationship of super-ordinate themes that became a part of the discovery of the lived experience of the second-career NPs as they transitioned to their APRN roles. Supporting documents included the researchers' journals, memos, moderator notes, and interview transcripts.

The participants were second-degree Nurse Practitioners from Southern California. All participants graduated from the second-degree program at Azusa Pacific University.

## Demographic Characteristics

The six participants consisted of four women (66.7%) and two men (33.33%), with their ages ranging from 28-41 years of age. Fifty percent of the participants were married, with two (33.33%) who had children. Self-described ethnicity included three (3) Caucasian, one (1) Chinese, one (1) Black, and one (1) Native American. Previous baccalaureate degrees included

finance (1), kinesiology/exercise physiology (2), English (1), child life (1), and theater arts (1). Only two (33.33%) of the participants worked in the field of their baccalaureate degrees before Nursing.

All participants graduated with an MSN and NP. The majority of the participants, four (66.7%), graduated as Family Nurse Practitioners, while two (33.33%) graduated with the Psych Mental Health NP.

Table 1.

*Demographic Characteristics of the Six Study Participants*

| Characteristic<br>Value Label | Number<br>*n=6* | Percentage |
|---|---|---|
| Age (years) | | |
| 25-30 | 1 | 16.67 |
| 31-35 | 3 | 50 |
| 36-40 | 1 | 16.67 |
| 41-45 | 1 | 16.67 |
| Marital status | | |
| Married | 3 | 50 |
| Single | 3 | 50 |
| Divorced | 0 | 0 |
| Work status | | |
| Full time ~ 40 hrs/week | 4 | 66.67 |
| Part time ~ < 40 hrs/week | 2 | 33.33 |
| Not working | 0 | 0 |
| Length of time working | | |
| 1-6 months | 0 | 0 |
| 7-12 months | 1 | 16.67 |
| 13-18 months | 5 | 83.33 |
| 19-24 months | 0 | 0 |
| Nurse Practitioner specialty | | |
| Family | 4 | 66.67 |
| Psych/Mental health | 2 | 33.33 |

Three of the participants worked as RNs in acute care hospitals, and two of the participants worked in a free-standing mental health hospital. One of the participants worked as an RN in a non-profit community health clinic alongside volunteer medical doctors. The participants felt that being a nurse helped them transition into their APRN role; in fact, they mentioned that they believe that all APRNs should work at least 2 years as RNs. Faculty at APU support this method of familiarizing these second-career nurses into nursing.

Four of the participants were employed as full-time NPs (40 hours/week); two (33.33%) were employed as part-time (fewer than 40 hours/week). The participant NPs have been employed between 9-15 months. Five (83.33%) of the NPs work in outpatient/clinic settings, while one (16.67%) is employed as a neuro-hospitalist.

## Emergent Themes

Several themes emerged from the analysis of the focus group interviews. These were feeling overwhelmed, gaining confidence, being humble, being a lifelong learner and educator, weaving previous degree and life experiences, recognizing gaps and challenges in APRN education, and practicing as an NP in a familiar environment. Additionally, super-ordinate themes surfaced under each theme to further depict the transition experience of second-career masters' entry nurses into the NP role.

### Theme 1: Feeling Overwhelmed

All of the participants felt an awareness of being overwhelmed with periods of anxiety and uncertainty at the beginning of their NP practice. The participants were also in agreement that having a healthy anxiety and a sensitivity to uncertainty helps to enhance their current practice as NPs. A response by one of the participants in the focus groups was,

*I would say it was definitely overwhelming at first. I could tell that, in the beginning, there was a lot of using my resources, like UpToDate, double checking things, looking up meds, making sure that I am prescribing the right med at the right dose.*

**Super-ordinate themes:**
Feelings of being overwhelmed, anxious, and uncertain

- Constantly second-guessing myself and saying, "Am I doing the right thing?"
- Kind of expected like you're not going to feel comfortable all of the time right away, and so in the beginning I was having days where I was, "I don't know why somebody licensed me!"
- And it's a good anxiety, because I am constantly questioning if I am doing the right thing.
- So there were definitely anxieties but also this notion that I am a safe person. I know I am going to practice in a safe manner. If I don't know something, I am going to reach out to somebody.

*Figure 2*. Feeling overwhelmed.

**Theme 2: Gaining Confidence**

The second theme that emerged was the feeling of confidence within 9 to 12 months in their NP practice. Most expressed that they are feeling comfortable in their current practice and feel that they can practice independently and autonomously. They all expressed that they do have access to their supervisors for support and advice. Confidence was expressed in a variety of ways: increasing case load, practicing in an office/clinical/acute setting without physician presence, ability to see a patient quickly, growing in terms of knowledge and quality of care provided, figuring out a good routine, and realizing that a patient can come through the doors with something they hadn't heard of and being able to work through the situation/diagnosis/solution. One of the participants in the focus group stated,

*Over a year, I've gotten a lot faster, I'm not having to look up as many things, I've kind of figured out my routine, things that I guess I'm picky about or things that I require and how I do things and how I'm running things and checking up on my patients, so it's definitely been a transition, if you will, definitely since I started.*

A second participant acknowledged that, while being confident in some areas, you always have to be on alert:

*You become more confident in some things, maybe the overall what you're doing every day. You're more confident than you were on day one, but then there's always those details, those things you haven't learned yet, that unexpected patient with just the plethora of problems or the rarest condition ever walking in the door.*

**Super-ordinate themes:**
Confidence, comfortable in current practice, independent, autonomy

- It falls on me to reach out to supervisors and the doctors to say, "This is my complicated client this week that I really need help with," so the autonomy is great because you don't have anyone telling you exactly how to practice.
- I think that they would prefer that you say, like, "I don't know so I'm going to find out," rather than, like, "Let's just wing it and we'll try this."
- I would definitely say that I feel more confident. I think that my ratio of confident days to days where I am wondering if I am doing the right thing is definitely skewed more toward confidence.
- My caseload has grown tremendously. When I started out with the doctor, he started a new office for me. And so over the last years it's been built up to the point when I have full days every day that I'm there.
- How quickly and how confidently I can see a patient has changed.
- Logistically or cerebrally, perhaps, my day feels different because I feel like, "Okay, yeah, in eight hours I can accomplish this."
- At this point, I feel very comfortable without someone just standing behind me.
- When I look back, I also evaluate myself. I say I'm also growing at the same time in terms of my knowledge, in terms of the quality of care I can give and provide.
- Show me a CT scan of the brain or MRI of a brain or a CT or MRI of a spinal cord, and I'm really proficient.
- I feel very confident. If patients have questions, I can answer them, they trust me. That feels good. It's a good feeling. Patients start thanking you more often, especially in our lower income patients—they are appreciative for the extra time you spend. It's nice.
- So, I talked with the family right before we did the brain death study, and so the physician said, "You did a really good job talking to the patient's family. Do you mind doing that?"

*Figure 3*. Gaining confidence.

**Theme 3: Being Humble**

The focus group participants expressed degrees of feeling humble in their current practice. They feel that it is okay not to know everything and to be secure in what you do know. They stressed the importance of having a broad knowledge base and being able to narrow down specific findings. One participant said,

> *Wear your confidence to the patient, even as humble as you are inside—you learn to show it more.*

One participant reflected that part of being humble is knowing that it is okay not to know everything—that there are resources available, including the medical staff who they work with:

> *And I think becoming a nurse practitioner, doing this the second time around, kind of learning a new craft, that's one way of change I can tell is that I am more comfortable admitting that I do know a lot. But I don't know everything, and that's okay.*

**Super-ordinate themes:**
Being humble: know what you know; it's okay not to know

- Appreciate when we can admit that we don't know everything.
- You have to have a broad knowledge … and if you cannot treat … if you cannot give them the solution, you have to know where to refer them to.
- Your patient will treat you how you treat them.
- I think I grew in knowledge; I think I'm better at tasking than I used to be as a nurse practitioner now … think humble …I don't want to hurt anybody.
- Allow yourself permission to feel uncomfortable and to give yourself that learning opportunity without feeling defensive…. Be willing to go into a situation that you might be afraid of.

*Figure 4*. Being humble.

**Theme 4: Being a Lifelong Learner and Educator**

Nurses are expected to be lifelong learners so that they remain abreast of and implement current evidenced-based practice. Being able to navigate the barrage of information takes

practice, determination, and the knowledge of pertinent relevance in circumnavigating the information web highway. The participants were able to articulate a variety of methods by which they continue to educate themselves and also learn from patients. One participant indicated,

> *When you've been a student for as long as we were students, you learn how to weed out the good and bad.... I can look and do some research to get to find answers that I need.*

And yet another affirmed,

> *Take charge of your own learning—get journals, attend conferences, read, be a lifelong learner.*

A third participant declared,

> *If you find a disease process that you've never heard of, write it down, look it up so that the next time you see it, you know a little bit more than you did before.*

**Super-ordinate themes:**
Lifelong learning, self-learning, educating, educating patients

- You have to jump in headfirst, and it's widely known in nursing that they can't teach you while working.
- There is just learning things by seeing how things go over time. Patients will teach me things based on their experiences or what other doctors have told them.
- Trust yourself. It's okay to have bad days, because bad days are the days that you learn and that days that you grow.
- I wanted to learn how to read those STAT CT scans—I needed to know how to interpret them, so I would go down and I would beat him down to the code stroke and I would just do my neuro assessment, and I would go to the CT scan with the patient.
- I went to a conference and got some more experience on minor skin procedures, skin lesion removals, excision, cyst removals, decompressed hematoma. That was interesting. I've become more confident.

*Figure 5*. Being a lifelong learner and educator.

**Theme 5: Weaving of Previous Degrees and Life Experiences into Current Practice**

Students who enter into second-degree programs have a variety of reasons for choosing nursing. Whether they enter after a life-altering event or life circumstances, the participants affirmed that they do weave their previous degree into their APRN roles as NPs. These woven degrees create a multi-colored NP practice. The participants agreed that weaving their previous degree into their current practice brings them full circle. Asking whether their previous degree factors into their current practice, the participants stated,

> *I think immensely because I am a big proponent with my patients about lifestyle factors and how we can improve their mental health by changing their lives before we introduce medications.*

Another commented that,

> *Even as a nurse practitioner, I have used stuff as far as helping patients rehab injuries that I learned back in my first degree, which I'm like, "This is interesting, I can still use all of that knowledge, too."*

On the weaving of life skills and experience into NP practice, one participant noted,

> *and I use a lot of my skills that I used in my bachelor's for grief management in the ICU for traumatic brain injuries…. It really all came together—it just seemed to come together hand in hand, like a cog.*

**Super-ordinate themes:**
Weaving previous degrees into practice, life experience, coming full circle, a cog in a wheel

- We did really extensive mind-body connection and deep breathing and full body relaxation, and so those things I can teach to my patients.
- I learned how to keep a poker face, which is really important when you are dealing with mental health patients and when they try to shock you.
- I think my training in the seminary, my faith, play a really, really big role.
- And dealing with mental illness, I have several family members that suffer from anxiety and depression, and it's important for me to—I come at if from the point of view of "Okay, I'm a provider and I know how to treat you."

*Figure 6*. Weaving previous degrees and life experience into current practice.

Another super-ordinate theme that could be tacked on to the weaving of life experiences was that several of the NPs commented on working in the field as an RN prior to or during the NP education. The NP participants who were Psych/Mental Health NPs expressed that, if you don't know how to do the basics of a mini mental health exam, you shouldn't go into the Psych NP program:

> *They have no goals about what they're going to do for their practice. And luckily, I came around and was very excited about working as an RN for the time that I did. But you can't be an NP without having some nurse or experience as an RN.*

Another NP remarked,

> *Nurses practice differently than doctors, and I think the thing that sets nurse practitioners apart from doctors is nursing training, which is more holistic, and you're paying attention to things. You're looking bio-psychosocial and putting in a spiritual component.*

One of the participants wanted to make sure that, while practicing as an RN is important, that practice doesn't always have to be in the hospital. It can be in the outpatient/clinic area. This

one participant had a public/community health focus when she entered the program and had taken some excess pressure about not practicing in the hospital as an RN while going through the NP program:

> *I was focused on community care. I did not want to work in a hospital, so more open-mindedness [would be nice] where that is concerned.*

During the focus group, this participant said she never practiced as an RN; however, when the researcher specifically asked via email if she assumed the RN role in the free clinic she was a part of during her NP training, she said she did—she worked alongside an MD.

**Theme 6: Recognizing Gaps or Challenges in Advanced Practice Education**

When asked what, if anything, they would like to tell the faculty at Azusa Pacific University, 100% of the participants commented on the challenges and the "gap" that they found in the NP education. They want to be able to be prepared for the APRN board exams and be able to acquire their NP license. They need to learn about the business side of NP practice. All participants had varying ideas on what the gap was and how to incorporate the business side of NP practice within the NP education process.

A study participant talked about licensing and applying to the state board of nursing:

> *I felt very much in the dark, not even just about studying for boards and preparing for them, but about applying to the boards, and there are so many steps, and they have to be in a certain order, and a certain timeframe.*
>
> *They told us to buy this book called, like,* Business and Legal Ethics of Advanced Practice Nursing…. *"Make sure you get malpractice insurance and buy this book to figure out how to do what you do."*

Another participant commented,

> *There's also this other huge piece of it that's equally as important as all of your knowledge as far as diagnosis and treatment, and that is how to actually do your job as far as the getting licensed, getting board certified, getting credentialed with insurance companies, figuring out your financial life as far as being an NP—and so the business side of it is just as important as the clinical.*

Another had a suggestion to add to or replace current elective choices:

> *Electives … we had to take a lot of those, and it would've been really nice if there was legality of being a nurse practitioner or the business side of being a nurse practitioner.*

**Super-ordinate themes:**
Challenges and gaps in NP education, learn about the business side of NP practice, licensing

- Another thing logistically that I remember is to practice—you have to be on board with all of these. You have to be credentialed by every health insurance program that is at the practice you are working at.
- Some kind of discussion on insurances…. I can only do what the insurance allows me to…. We're kind of restricted on what we can prescribe because of what they cover.
- How do I do a referral? What details do I need to put for the referral?
- Someone to talk about billing, the practice management, the way it works—I think it's important for all of us to know that.
- Not only did I not know anything about the dynamics of seeing patients, assessing patients as an advanced provider and billing—billing's a whole 'nother world.
- How to diagnose, because in the classroom we would talk about a diagnosis, and we would talk about maybe the medications that go along with that diagnosis, but not the criteria or what we need to pull out to back up your diagnosis.

*Figure 7*. Gaps or challenges in NP education.

**Theme 7: Practicing as an NP in a Familiar Environment to Ease Transition**

Four out of the six participants (66.7%) had done a portion of their clinical practice for their APRN in the offices that they now work as an NP. With the environment being familiar, the transition from student to APRN was a comfortable experience. One participant stated,

> *I think two or three semesters I was at the practice that I work at now, so after sitting in this office for a year and a half now, I know what to expect. I'm familiar with this environment.*

Another said,

> *It was a very familiar place and a very familiar setting. And so in those terms, the transition wasn't very difficult, because it was repetitive; what I was doing was the same thing.*

Another participant stated,

> *The place I'm working right now I did most of my clinical.... I just see the patients by myself. I feel very comfortable, because I know the way they do things now.*

**Super-ordinate themes:**
Practicing as an NP in a familiar environment, orientation, mentors and collaboration

- I was lucky to have a nurse practitioner who had been in the field for over a decade who kind of mentored me for a while, and I could ask her questions about the smartest moves to make.
- After we graduated that summer, they set up a residency program for us while we were waiting for our licensing to come through as a way for us to make money, but also to kind of keep our skills as NPs intact.
- I do see his notes in there every so often, and I know that he is available when I need—when there is a question, it's mandatory that they are available.
- The nurse practitioner that I followed in clinicals [and] all of the doctors that I followed in clinicals in school were relatively helpful to very helpful.
- My training came in from the neurologists that I work with. They would send me out—I would see my patient. They treated me like a resident; I would tell them—give them a report of who the patient was, why the patient's here, and then we would discuss, and we'd go down and reassess it together, and then we would go through the CT scans and MRIs together.
- I think that it was about 3 months and then you're running the hospitals 2 days a week—it's you. When we get a new consult for neurology, you're running code strokes—it's all you. You're prescribing the TPA, if you feel the patient needs TPA—it's going to go under your name, and you're going to manage that until the patient is discharged. So yeah, I mean, yeah, a lot of praying in the bathroom.
- The physicians helped me understand diagnosing and the consequences of treating something that we had to treat because we're going to cause another problem, and we have to anticipate that problem, and we have to anticipate treating that later while they're inpatient.
- And then the MD was really there for a resource in case I had anywhere from a quick question to an in-depth question.
- It's important to find a physician that treats you well. My boss—he's amazing, he's gracious, he's humble, he's got my back, he takes care of me.
- They listen to us. They institute whatever best practices, and I know that, if I ever have a problem, I can speak with them, and they will back us 100 percent.

*Figure 8*. Practicing as an NP in a familiar environment.

## Summary

The participants' experiences identified seven major themes of transition to practice. These seven themes also included super-ordinate themes that were grouped with the seven major themes.

All themes identified were procured from the participants' voices. The first theme expressed the feelings of being overwhelmed with anxiety and uncertainty during their first year of practice. The second theme was centered around the confidence that the participants have found in their practice today. The third theme suggested viewpoints of being humble in their current practice—they realized that they are still learning. The fourth theme contained a point of view of lifelong learning, and several examples were given on how they navigate appropriate resources and take additional courses to update and maintain competency. The fifth theme came as a surprise to some of the participants: they hadn't thought of how their previous degree and life experiences were woven into their current NP practice. The sixth theme incorporated suggestions to improve the NP education process, especially adding content on the business aspect of NP practice. All participants felt that they went into the NP practice with this knowledge deficit. The seventh theme viewed how their clinical practice sites were valuable in securing a position as an NP. Four of the six participants had done clinical rotations at the site at which they are practicing as a NP.

# CHAPTER 5. DISCUSSION

This study sought to uncover the lived transition experience of the second-degree NP during the first 24 months of NP practice. This chapter summarizes and discusses the themes that emerged, describing the second-career master's entry to nursing graduates as they transition to the NP role. It also links these themes to Meleis' transition theory as well as other transition theories. Finally, it describes the strengths and limitations of the study and discusses the implications for further nursing research, NP education, and NP practice.

## Feeling Overwhelmed

The second-career master's entry into nursing NPs consensually articulated their feeling of being overwhelmed during the initial phase of their transition into the NP role. At the same time, this feeling of being overwhelmed included periods of anxiety and uncertainty. These overwhelming feelings are part of the healthy transition of coping. These lived experiences of second-career nurses embody the initial process of transition as a "journey from a place of comfort and familiarity toward a place of unknown territory" (MacLellan et al., 2015, p. 390). The participants discussed a period of instability, confusion, and distress during their first year of practice.

The theme of feeling overwhelmed illustrates Meleis' concept of situational transition, as this corresponds to the second-career nurse's change from proficient registered nurse to an advanced practice novice NP. Likewise, feeling overwhelmed, anxious, and uncertain demonstrates a property of transition that Meleis posited—that of an awareness of these uncomfortable feelings during the initial phase of transition. However, the second-career NPs became aware of the transition earlier when they completed their APRN degree and began looking for their first NP position, and then again when they began working as NPs. In this

study, the second-career APRNs positively viewed these feelings, because they incentivized them to reach out to more experienced colleagues and co-workers to increase their knowledge of the NP role. Similarly, other theories give a perspective on transition: Benner's "Novice to Expert," and Yeager (2010) reminds us that "new NPs can expect to go from novice to expert as a bedside nurse back to novice as they begin their new role" (p. 86).

### Gaining Confidence

With time in the NP clinical practice, the second-career nurses gained confidence in their role. The initial feelings of being overwhelmed, anxious, and uncertain gradually eased to becoming comfortable in their NP roles. The participants were all feeling comfortable within 9 to 12 months of practice in their new NP roles. Gaining confidence in their new NP role was demonstrated by confidence in becoming independent and autonomous, working at a faster pace, developing their own client and caseload, and growing in knowledge and quality of care. Gaining confidence illustrates one of Meleis' concepts in healthy transition outcomes. Equally, it depicts the engagement of the properties of transition (Meleis, 2010). Prior to working as an NP, the second-career nurse actively engaged in the transition process by obtaining the NP license and passing certification exams. Once employed, the transition involved gaining privileges and becoming part of a team of practitioners and learning the ins and outs of their NP roles in their practice setting. Having the primary providers listen to the NPs helped them to gain confidence in practice. Confidence can also be gained by adequate orientation to help them assimilate into the new practice setting.

### Being Humble

The experience of transition is individualized and largely depends on the characteristic of the person. The second-career nurse, while having the knowledge of the APRN, brings an

awareness that he or she does not have all the answers of an experienced NP. The participants expressed that, as new NPs, it is okay to know what you know and be willing to say that they don't know something. Most of the participants felt that they had support and were in a nurturing environment in their practice. Being humble aligns with the concept of mastery with Meleis' healthy transitions. As new NPs, they need to feel valued and, by fitting into the organization that promotes self-confidence, self-image, friendships, and role modeling, the transition process becomes awe-inspiring.

### Being a Lifelong Learner and Educator

Second-career APRNs have earned previous degrees and become engrossed in lifelong learning. As part of Meleis' healthy transitions, being a lifelong learner and educator fits into mastery and being connected. Coming into nursing for the second-career nurse often stems from a life-altering event or the need to be able to help others. Many independently sought out conferences that would enhance their current practice. Barnes (2014) noted that, while the nursing roles of an RN and NP are within the same "nursing framework and are considered within the same discipline, the scope of practice of the NP is very different from the RN" (p. 142). One of the many factors that attract these second-career students to the nursing profession is that their first degree/previous career is valued and appreciated in the nursing realm.

### Weaving of Previous Degree and Life Experiences in Practice

Participants were able to assimilate APRN knowledge and weave their life experiences and previous degree into their NP roles. In Meleis' outcome of healthy transitions, weaving experiences and previous degrees fits into the concept of mastery and being connected. Adding to their current practice as NPs afforded a holistic approach, awareness, advocacy, and reflective practice in that they weaved their previous life experience, RN practice, and first degree into

their current practice. Second-career NPs are able to look at patient care from different perspectives because of their life experiences and first degrees. The participants were able to offer comfort in the grieving process with a new diagnosis, suggest alternative healthy exercise habits to combat stress instead of medication, and reinforce a restorative exercise program after surgery. Weaver-Moore et al. (2010) acknowledged that the second-career nurses want employers to question them "regarding their previous work experience and educational backgrounds and provide avenues for these backgrounds to be used as assets for the betterment of patient care" (p. 224). Similarly, these second-career students want faculty to realize these strengths and contributions that they bring to nursing.

### Recognizing Gaps or Challenges in Advance Practice Education

While APRN education is often a positive experience for the second-career nurse, with continued growth there are often obstacles to overcome in role transition. This theme aligns with the concept of mastery in Meleis' healthy transition. The participants voiced their concerns over having to navigate the board of nursing for their APRN licensing. Applying to multiple healthcare and insurance companies for provider approval was another concern. Negotiating health benefits and vacation/sick day coverage with their physician employer when they were used to benefits when working as a nurse in an acute care setting was a suggestion for all future NPs to be mindful of. Learning the business side of the NP practice was challenging for all of the participants. Having to navigate referrals and documenting correctly for insurance companies and diagnosing is a course that they would like to see incorporated into graduate nurse education.

### Practicing as an NP in a Familiar Environment to Ease Transition

Being able to have clinical practice and then transition to the NP role in the same clinical setting helped to ease the transition to NP practice. The majority of the participants had clinical

NP practice with the primary care providers that they now work with. They voiced that it did make the transition easier, because they knew the staff and the primary providers. One of the participant's providers provided a paid orientation while the participant was preparing for the certification exam and applying to the board of nursing for the NP license. Yeager (2010) recognized that "shadowing is the informal education of others about the role and how to best utilize this new position" (p. 87). Mentoring from experienced NPs and the primary providers was valued by the participants; they helped with diagnosing and the consequences of treatment plans that don't anticipate problems. "The presence of a supportive preceptor, mentor, or role model was identified as an important resource during professional transitions" (Schumacher & Meleis, 1994, p. 123). Learning to cope in this new environment is one of the concepts of healthy transition. Mentoring can also be informal where the mentor and mentee choose each other, and it develops over time. Participants had both formal and informal mentors in their transition process.

## Strengths and Limitations

The strengths of the study include the use of focus groups as a thoughtful conversation on their lived experience. One of the strengths was that the participants held different positions as NPs. The demographic make-up of the participants was diverse ethnically and as men and women. The use of an outside focus group moderator strengthened the study in that it avoided potential bias and conflict of interest from the author. The use of an independent transcription service that typed the audio-recorded discussions ensured accuracy. Additionally, procedures were implemented to enhance the trustworthiness of the study.

Limitations include that this is a small focus group sample. Another limitation was that the participants were graduates from one institution, limiting the generalizability of the findings.

## Significance to Nursing and Education

One of the significant discoveries was how the participants have weaved their first degree and life experiences into their advanced practice role. They have been able to integrate these previous degrees into their NP practice, and it comes from all angles. Whether it be challenging a young psychiatric patient to memorizing Shakespeare to help with coping skills or talking with families about death, they are doing it—they are using their first degree (parents will be happy) and weaving it through the lens of a NP. The weaving is subtle—not every client will see it—but it is who they are, what drove them to go to college in the first place. Their path changed when they entered nursing, and they weave previous knowledge and life experiences into their NP practice. In educating second-degree nursing APRNs, faculty need to be aware that, while they may not have years of nursing experience, they know life, their cultures, and their communities, and their previous degree is part of who they are. This should enrich the traditional APRN experience.

Educational gaps were made apparent. All students remarked on what they would like to see happen in NP education: a formal class or a seminar on how to apply to become an NP, how to negotiate with doctors for not only salary, but also health insurance, paid time off, sick days. Participants also mentioned the need to learn how coding and billing work, how to do referrals, how to talk to insurance companies, and how to negotiate with insurance companies for something outside of what they will compensate for (meds). They also want to know the back office and how to diagnose a patient.

## Implications for Further Research

Phenomenology and the expressed lived experience cannot be matched by statistical numbers. Each voice is different. Each patient encounter is different. Looking at the holistic

perspective of hearing what these participants have said only strengthens this researcher's conviction that these second-degree NPs are different and bring to the nursing world a new dedication and a new level of practice. Being able to weave past life experiences and education into a new profession at the level they do is remarkable. Implications also include the need to compare different entry-level master's nursing programs that have an NP focus. Other areas include the traditional Master of Science NPs and the need to expand the timeframe of how long studied participants have been practicing as NPs.

## Final Thoughts

Some of us always knew we were going to be in the nursing profession. We had that divine direction. Second-degree nurses' paths were different, from a life-altering experience to just wanting to help beyond what their first degree gave them. From the transcripts and email interactions, this researcher sees them giving back: four of them are in some aspect of teaching. So far, one is continuing on to the DNP. They have a purpose in life now; they are helping people, providing holistic care, and even back when they first challenged themselves to seek education beyond high school, they have risen to that challenge and have successfully weaved life into a holistic practice.

## APPENDIX A. FOCUS GROUP INTERVIEW GUIDE

1. What are the factors facilitating your transition during your first year of practice?
    a. Tell me about the orientation and mentoring you received when you started your NP practice.
2. Thinking back to when you first started practicing as an NP to what you are like today, how did you grow? How did you change?
3. Tell me about the people who helped you get the "lay of the land" in your NP practice.
4. Can you describe your typical day in practice?
    a. How has your role as an NP changed?
    b. How have you changed?
5. How have your life experiences and first degree been integrated into your transition to the NP role?
6. If there is one thing you could say/let new NPs or faculty know about transition to practice, what would it be?

## APPENDIX B. OVERVIEW OF INTERVIEW AND RESEARCH QUESTIONS

| | Overview of the Focus Group Interview Guide and Research Aims | Specific Aim 1: Discovery of the transition process of specific APRN's | Specific Aimm2: Discovery of previous life experiences in the transition to APRN. |
|---|---|---|---|
| 1 | What are the factors facilitating your transition during your first year of practice?<br>Tell me about the orientation and mentoring you received when you started your NP practice | X | |
| 2 | Thinking back to when you first started practicing as an NP, to what you are like today, how did you grow? How did you change? | X | |
| 3 | Tell me about the people who helped you get the "lay of the land" in your NP practice. | X | |
| 4 | Can you describe your typical day in practice?<br>How has your role as an NP changed?<br>How have you changed? | X | |
| 5 | How have your life experiences and first degree been integrated into your transition to the NP role? | | X |
| 6 | If there is one thing you could say/let new NPs know, or faculty, about transition to practice, what would it be? | | X |

## APPENDIX C. PARTICIPANT RECRUITMENT LETTER

*PARTICIPANTS NEEDED FOR A STUDY OF THE LIVED EXPERIENCE OF SECOND-CAREER NURSES AS THEY TRANSITION TO THEIR NURSE PRACTITIONER ROLE*

My name is Shirley M. Farr, PhD (c ), RNC, CNS and I am looking for volunteers to take part in a study to describe what life is like as a second-career Nurse Practitioner.
As a participant in this study, you would be asked to share your experience through a focus group interview on what your experience is as a Nurse Practitioner with 1 to 24 months of practice.

Your participation would involve one (1) session that would last approximately 1½ to 2 hours. Dinner will be provided. Participants will review and comment on typed transcripts for authentication. Participants will receive a follow-up phone call for clarification. Participants will receive a gift card from Amazon.

For more information about this study, or to volunteer for this study, please contact:
Shirley Marie Farr, PhD nursing student, CNS
University of Hawai`i at Mānoa
at
909-224-7890
Email: smfarr@hawaii.edu

This study has been reviewed and approved by the Institutional Review Board, University of Hawai`i at Mānoa.

## APPENDIX D. INFORMED CONSENT

**Consent to Participate in a Research Project**

Shirley M. Farr, PhD (c) RNC, CNS, Principal Investigator

*Project title:* Qualitative study using a Phenomenological approach with Second-Career Nurse Practitioners

Aloha! My name is Shirley M, Farr, PhD, and you are invited to take part in a research study. I am a doctoral student at the University of Hawai'i at Mānoa in the School of Nursing and Dental Hygiene. As part of the requirements for earning my doctoral degree, I am conducting qualitative research using focus groups to capture the transition of the second-career nurse practitioner.

**Activities and Time Commitment:** If you participate in this project, you will join three to four other people in a focus group to talk about your transition to the Nurse Practitioner (NP) role. The discussion will be guided by about six open ended questions. It will take about one and one have hours to two hours. Focus group questions will include questions like: 1) What are the factors facilitating your transition during your first year of practice? 2) Thinking back to when you first started practicing as an NP to what you are today, how did you change?

With your permission, the focus group interview will be audio-recorded so that I can later transcribe the interview and analyze the responses. After transcription, individual responses will be emailed to you for authentication and/or revisions. Revisions will be included in the final transcript.

**Benefits and Risks:** There will be no direct benefit to you for participating in this focus group. The results of this project may help to gain insight into the transition process of the second career nurse to the NP role and add to the body of knowledge. I believe there is little risk to you in participating in this research project. The primary risk is potential loss of privacy. You may become uncomfortable answering any of the questions or discussing topics during the focus group. If you do become uncomfortable, you can skip the question or take a break. You can also stop participating at any time.

**Privacy and Confidentiality:** I will keep all study data secure in a locked filing cabinet in a locked office/encrypted on a password protected computer. Only my University of Hawai'i chair and I will have access to the information. Other agencies that have legal permission have the right to review research records. The University of Hawai'i Human Studies Program has the right to review research records for this study.

After I write a copy of the interviews, I will erase or destroy the audio-recordings. When I report the results of my research project, I will not use your name. I will not use any other personal identifying information that can identify you. I will use pseudonyms (fake names) and report my findings in a way that protects your privacy and confidentiality to the extent allowed by law.

Although I will ask everyone in the group to respect everyone's privacy and confidentiality, identity, and to not disclose what is said during the group session, please remember that the other participants in the group may accidentally disclose what was said. Avoid sharing personal information that you may not wish to be known.

**Voluntary Participation:** Your participation in this project is completely voluntary. You may stop participating at any time.

**Compensation:**
Dinner will be provided and you will receive a gift card from Amazon for your time and effort in participating in this research project.

**Questions:** If you have any questions about this study, please call or email me at 909-224-7890 & smfarr@hawaii.edu .You may also contact my chair, Clementina D. Ceria-Ulep, PhD, RN, at 808-956-5233 & clem@hawaii.edu. You may contact the UH Human Studies Program at (808) 956-5007 or uhirb@hawaii.edu. to discuss problems, concerns and questions; obtain information; or offer input with an informed individual who is unaffiliated with the specific research protocol. Please visit http://go.hawaii.edu/jRd

Please visit https://www,hawaii.edu/researchcompliance/information-research-participants for more information on your rights as a research participant.

If you agree to participate in this project, please sign and date this signature page and return it to: Shirley M. Farr, PhD (c), RNC, CNS.

Keep a copy of the informed consent for your records and reference.

**Signature(s) for Consent**:

I give permission to join the research project entitled," Qualitative study using a Phenomenological approach with Second-Career Nurse Practitioners".

Please initial next to either "Yes" or "No" to the following:

_____ Yes _____ No I consent to be audio-recorded for the interview portion of this research.

**Name of Participant (Print): _____**

**Participant's Signature: _____**

**Signature of the Person Obtaining Consent: _____**

**Date: _____** **Mahalo**

## APPENDIX E. DEMOGRAPHIC QUESTIONNAIRE FOR PARTICIPANTS

Code: _____

Age: _____ Sex: Male/Female

Married: _____ Single: _____

Children: Yes/No Age: _____

Employed as an NP: Part time _____

Full time _____

Not currently employed as an NP _____

Length of time employed as an NP _____

Certifications _____

Ethnicity: _____

Race: _____

First degree/University: _____

Graduation date: _____

Did you work in the field of study with your University degree? Yes/No

Where: _____

List duties/responsibilities of employment: _____

Year started second degree program: _____

Year graduated from NP program: _____

NP specialty: _____

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